



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE



IN CHARGE OF

EDNA L. FOLEY, R.N.

I.

At a recent state fair in Minnesota, the exhibit of the St. Paul Anti-Tuberculosis Committee, in charge of Mrs. Jeanette Bloom, one of the visiting nurses, aroused a great deal of interest. The headquarters were in a model tent, which contained reclining-chairs, a sleeping-bag, several tables, and a metal cot, furnished with the customary mattress and bedding. The tables and a small show-case held the usual paraphernalia for display purposes, including sputum cups, sanitary drinking-cups, paper napkins and pocket bags, models of window tents, etc. Outside the tent was a large rack, 8 feet wide by 5 feet high, holding about a dozen frames, giving views of the Cluena Sanitorium, the children's camp, various shacks and sleeping-tents of the home patients, and a chart showing the death-rate for a number of years for the five principal towns of Minnesota. The attendance increased so rapidly that the secretary and Mrs. Bloom could not handle it alone and the other visiting tuberculosis nurses were pressed into service. Fully 1500 people were interviewed or talked to during the week and a great many more saw the exhibit and carried away circulars.

II.

At the close of a most successful baby-welfare campaign, the Chicago Department of Health has decided to continue the work during the winter, and has retained several members of the summer staff of nurses. There were 644 new babies cared for in the tents in August. In all, 4729 cases of diarrhoea were reported under observation up to September 1. The increasing vigilance of all of the workers brought a splendid reward—a decrease of 10 per cent. in the death-rate of the congested wards, while the other wards of the city, ordinarily known as the “good wards,” showed a 44 per cent. increase. In their house-to-house work, the nurses found literally, hundreds of pacifiers and

"baby killers." They traded the right kind of nipple for the wrong kind and as a result of this the department of health has an interesting exhibit marked "Retired Baby Killers," which is loaned on request.

III.

THE Women's Imperial Health Association of London, Eng., is distributing hand-bills that are decidedly unique. One, entitled "The Cry of the Children to the Mothers of Great Britain," is a baby's plea, couched in appropriate English, for a sane and simple up-bringing; another is an extremely sensible "Message to the Girls of Great Britain," and the following, of especial interest to tuberculosis nurses, is entitled "The Ten Health Commandments":

- I. Keep windows open day and night.
- II. Do not spit.
- III. Breathe through the nose by keeping the mouth shut.
- IV. Drink pure water.
- V. Eat slowly, take well-cooked meals, and cultivate regular habits.
- VI. Wear loose clothing of seasonable material.
- VII. Take regular open air exercise, in sunshine if possible.
- VIII. Wash whole body at least once a week.
- IX. Work but do not worry.
- X. Get house drains certified by Sanitary Authority.

ADDITIONAL COMMANDMENTS FOR CHILDREN

1. Every baby should, if possible, be breast-fed until it is nine months old. (N.B.—Artificial feeding is the chief cause of rickets, diarrhœa, and other disorders.)

2. Milk should be scalded. When bottles are used there should be no tube. Bottles and teats must be well cleansed and scalded each time after use.

3. Young children must not receive the same food as the "grown-ups."

4. Every infant should sleep in its own cot.

5. Pins, other than safety pins, should never be employed to fasten a child's clothing, which should be as loose as possible.

6. Children, even the youngest, should spend as many hours as possible in the open air.

I promise to try and keep these health commandments as far as possible.

During the past summer, a caravan party has canvassed rural England, driving to all the—usually overlooked—hamlets and farms, distributing these hand-bills and teaching the people how to live in a more sanitary, as well as comfortable fashion. The caravan idea seems an excellent one and might be easily adapted to American highways. Nurses who care for typhoids or any acute cases in remote country districts know how

lamentably ignorant of the most simple rules of health many of these isolated families are, although they are not uneducated in other respects, nor poor, measured by American standards. The tuberculosis car and travelling exhibit is doing good work in several rural districts, but it must follow the railroads. The St. Louis Municipal Tuberculosis Commission has a very well-equipped car and conducted a splendid educational campaign in Missouri last summer. At one town, an old farmer was so impressed by the exhibit that he drove home eight miles to bring his wife in to see the car that evening. Still, the average countryman cannot drive 16 miles to see an exhibit, and the caravan plan seems to be the modern version of Mahomet going to his mountain.

IV.

A TUESDAY evening tuberculosis clinic for working-people has just been opened at the Visiting-Nurses' Settlement of Hartford, Conn. Physicians from the staff of the Hartford Dispensary have volunteered their services and the follow-up work will be done by the nurses. It has been the experience of visiting nurses that workers who have others dependent upon them do not seek medical advice until failing strength frightens them into doing so, and then it is often too late to restore such cases to even partial working capacity. By offering this clinic—the only one of its kind in the city—it is hoped that cases of tuberculosis may be detected while the prognosis is still hopeful. An effective and simply-worded folder, arranged by one of the medical staff, has been printed, announcing the clinic and its purpose, and copies are being distributed among the department stores and factories and left in homes already under the supervision of the visiting nurses.

V.

THE Boston Children's Hospital has established a social service department, with one of its graduates, Harriet Berbier, in charge, and two pupil nurses assisting. The work was started in August and will include both hospital and out-patient department cases. Any danger of duplicating the work of the visiting or tuberculosis nurses is reduced to practically nothing by registration with the Central Registry of the Boston Associated Charities.

VI.

THE nurses of the Boston (Mass.) Consumptives' Hospital have recently been made special agents of the municipal health department for the inspections of all reported cases of tuberculosis. A list of all

new cases is sent daily to the dispensary and the cases assigned according to districts. Each patient is thoroughly instructed and the house inspected and a special report, signed by the nurse on the district, filled out and returned to the health department by the dispensary. These report-blanks are furnished by the board of health, and bear on the face questions relating to the patient and his condition, duration of disease, etc., ages of other members of family, home-arrangements, sanitary conditions, etc. On the reverse of the card are spaces for the monthly report, which is made to the health department until the patient recovers, dies, or leaves town. These monthly subsequent visits are left to the judgment of the district nurse; if more frequent calls are necessary, she makes them, and if the patient should become a dispensary case, she arranges for that also. If the case is in charge of a private physician, his co-operation is sought, and he is asked to make the monthly report. Incipient cases, when possible, are sent to the state sanatorium, at Rutland, more advanced cases to the Mattapan Day-Camp or the Mattapan Hospital. The results of these inspections are beginning to show the value of the trained and sympathetic worker as inspector, for, too frequently, former inspectors gave no instruction and did far too little inspecting.

The nurses of the Instructive District Nursing Association have similarly been made the health department agents for the inspection of all other cases of contagious diseases reported to the board of health.

VII.

BUBBLING fountains are slowly but surely replacing the common drinking-cup in many localities. The Massachusetts law forbidding the use of the cups went into effect October 1, and now all the public school children are being instructed to bring their own cups to school until fountains are installed. Paraffined cups are being given away in some of the stores and dispensaries, and on every side the lesson is being driven home that the common cup, whether in street or school, is a common disease carrier. Besides, as the *Chicago Tribune* says, "Bubbling fountains teach courtesy. You must bow before you drink."

VIII.

THE "melancholy days" being upon us, patients are not going to sleep out quite so willingly as they did last summer and nurses interested in their doing so will be glad to know of a recent publication of the National Association for the Study and Prevention of Tuberculosis

entitled, "Directions for Living and Sleeping in the Open Air," written by Dr. Carrington, of New York. It is a twenty-page, well-illustrated pamphlet, sent free upon request. The following illustrations are taken from photographs by Lewis Hine of sleeping-porches arranged by the nurses of the Chicago Tuberculosis Institute.

No. 1 shows a section of an apartment house porch, screened off by three heavy canvas curtains, one being arranged with ropes and pulley and the other two made to tie back. Of course, the price of materials vary according to the locality, but this arrangement cost about \$6.00, and would have cost less had the patient's family been able to make and put up the curtains.

No. 2 shows how an apparently "hopeless" porch can be made into quite a tidy little sleeping-room. This patient could in no other way have had a separate room. A shed forms the back wall, houses the sides, the ceiling is waterproof canvas, and the front wall is a canvas curtain on a stout cord. The patient's wife sewed the curtain and the patient arranged it himself. The cost was about \$2.00.

Nos. 3 and 4 are two views of a tiny room built on a second-story porch by the patient's brother-in-law. Free circulation of air, with no exposure of the patient, is assured. The inside view (No. 4) shows a blanket lined canvas, so arranged on pulleys as to form a complete "hood" over, and 2 feet above, the patient on stormy nights. The galvanized iron hot-water can was made by a plumber on the corner, after plans drawn up by the patient's husband. It retains its heat more than twelve hours.

IX.

How many Italian-speaking visiting nurses are there in the United States and how are they succeeding in their work with the tuberculous Italian? How are nurses who do not speak Italian and yet work in Italian districts attacking this problem? Miss Dock, Miss Gallagher, and Dr. Stella, of New York, would like to know, judging from the following correspondence:

DEAR MISS DOCK: Is there any possibility of a nurse's section at the International Congress at Rome in 1911? If no movement of the kind has been started, would it be possible to arrange one? I have just received a letter from the Policlinic Hospital in Rome in answer to some inquiries I made, stating that nothing that amounts to much is being done there among tuberculosis patients, although the need is great. So little is being done in the United States among the mass of Italians pouring in here; so little is known of them and their habits, owing to lack of properly educated Italian-speaking social workers; and so little seems to be known in Italy of the distinct menace they are becom-

FIG. 1.

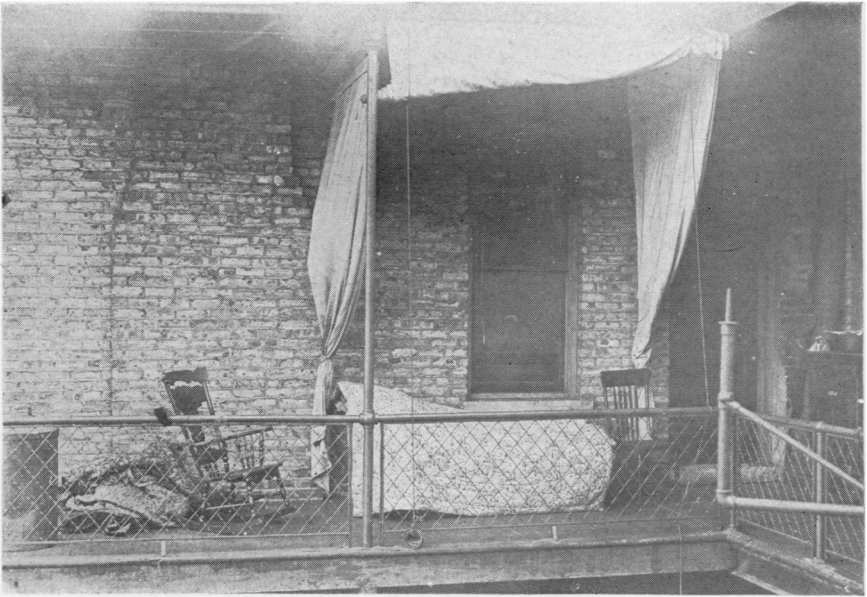


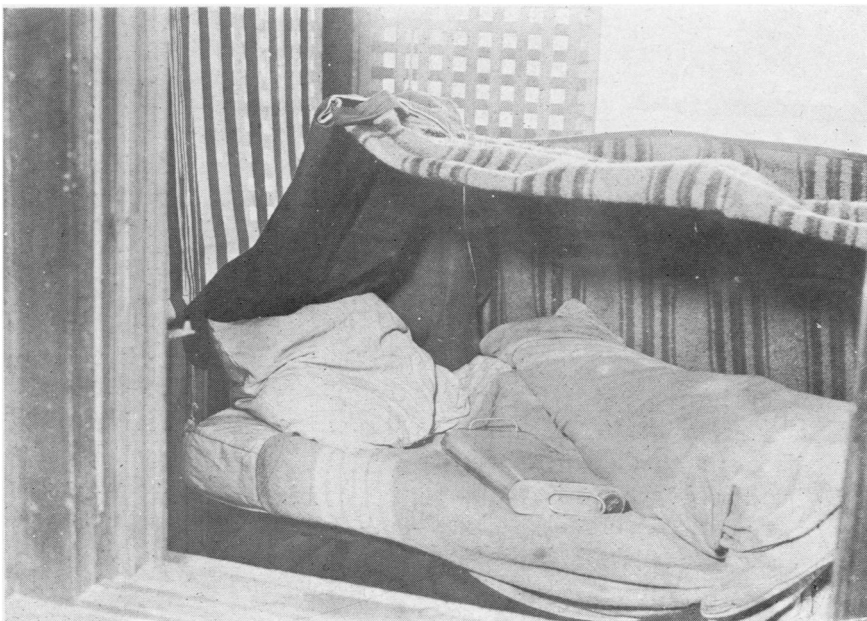
FIG. 2.



FIG. 3.



FIG. 4.



ing to the small provinces where they almost invariably return, to die of tuberculosis contracted here from their unsanitary methods of living, over-crowding, and poor food. Their avoidance of public dispensaries and fear of hospitals make them conceal illness or else spend their frugal savings on poor doctors who fill them with useless and expensive medicines until their money is gone and then unwise friends send them, dying, to Italy to spread the disease. If the heads of tuberculosis dispensaries, students in the schools for social workers, and associated charities secretaries working in Italian districts could gather statistics before next summer and present them at the Congress, a splendid work might be done for Italians both in Italy and in this country, a history of social conditions such as no doctor is able to gather. This presentation in English would be no bar as some of the wealthiest permanent residents in Rome are English and American, or an interpreter could be found to condense the information and, in any event, it would find a place in written form in the proceedings. The time seems to be ripe for making an effort to help the Italian with his many fine qualities to find his proper place in America, which, for the southern Italian, who is essentially a farmer, is certainly not the congested districts of large cities, where his unskilled labor brings him a mere pittance when the few months he can find work is considered.

Yours truly,

M. ALICE GALLAGHER,

Steams Settlement House, 281 Watertown St., Nonantum, Mass.

This letter was forwarded Dr. Stella, who is doing splendid work among the Italians in New York, and he replied in part, as follows:

As far as I know, neither has the programme of the International Tuberculosis been completed, nor has the subject presented in your letter been introduced. I think it would be important to have some section give attention to this and I will be glad to take up the matter directly with the secretary-general in Rome. In this connection, I would like to arrange some sort of draft of what could be done along this line, so that in asking for recognition at the Congress we could present something concrete on which to base our claim.

Cannot the visiting tuberculosis nurses of the United States suggest an outline for this section's programme and collect material to make it a success? We would all like to know how to get hold of the tuberculous Italian and his family before it is too late and why he shuns our clinics and our attempts to help him. There are many Italians in this country and their tuberculosis mortality is high, considering that consumption was formerly a rather uncommon disease in Italy. The proportion of these cases enrolled at tuberculosis clinics is small. Why? What is the best way to win their interest and co-operation?

Will not all nurses whose work lies among the Italians write Dr. Stella, 214 East Sixteenth Street, New York, Miss Gallagher, or this department, offering suggestions, facts, or their personal services in research work for the next six months? A visiting nurse's duties permit

her to glean facts only as a side issue, but there is much information to be gained during a nursing call, and a special note-book reserved for this material (facts on housing, eating, drinking, sleeping, working, habits, prejudices, superstitions, etc., *ad infinitum*) would soon be filled with very interesting data. This, later, might be worked into a local report of that particular Italian situation and a dozen or more such reports would be intensely interesting and very, very helpful. We must all of us confess that the Italian problem has thus far been beyond us. Now that the opportunity is offered us to do some really constructive work of inestimable benefit to both Italians and Americans, will not all the nurses respond and at once?

EL PASO'S INDIGENT TOURIST CONSUMPTIVES

By H. GRACE FRANKLIN, R.N.

Director, Woman's Charity Association School for Mothers

"I THINK the nurses would probably be interested in knowing how you handle indigent tourist tuberculosis patients." Such was a sentence in Miss Foley's letter to me. Need I tell you how I leaped at the word tourist? Have you ever gone trout fishing and seen the trout leap to the fly? Well, I was something like the trout. Tourist! why it expressed the whole situation here in the Southwest. Such is the consumptive and the indigent consumptive. He travels from place to place, often sent by charity, seeking that Mecca of all Meccas—a place in which to get well. Chasing everywhere, yet never settling down to "chase the cure."

During the past twenty months representatives of 15 nations have applied for free medical care in El Paso. Every state in the Union has been represented, and yet only one native-born Texan has applied for aid. Consumptives have arrived here in a dying condition, have applied to the charities, to be sent on to some other town when their condition was such that the only course to pursue was to place them in a hospital. These indigent tourist consumptives are a menace to life, for they are usually the most careless of all human beings. Something should be done to prevent this passing on, and the whole Southwest is planning to organize a league to prevent it.

It is true that our climate is ideal, but it is no place for an indigent consumptive. Nowhere in the United States is living higher, and the consumptive cannot live on fresh air and sunshine alone. One physician of much experience told me that he did not think it advisable for a

consumptive to settle here unless he had an income of \$100 per month. Quoting Dr. Robert B. Homan, one of the best known tuberculosis specialists of the Southwest and proprietor of the beautiful and well-equipped Baldwin Sanitarium: "Many patients are sent to this country practically without means, with the expectation of getting on a ranch or somewhere at a very nominal expense. There was never a greater mistake than this. Tuberculosis is a disease that must be combatted by building up the natural resistive forces of the individual, and to do this one must have the very best food, comfortable quarters, and plenty of time for rest as well as medical advice. These cost money anywhere, and the West is no exception. To obtain the best results one must be provided with sufficient means to get the things necessary for his welfare without having to worry about it.

"Some are told that they can come here and obtain light employment out of doors, and thus gain a livelihood and get the advantage of the climate at the same time. This is true in but a very limited number of cases, as there are many applicants for every position of that kind, and one should not be sent to this country with any such expectation unless arrangements for a position are perfected beforehand. None should accept even the lightest employment, at least during the first few months of their stay here, if they have the means to provide what they should have without it."

Patients are spending their last cent to reach the Southwest, and very often are shipped here by friends (?) desiring to get rid of them. This is cruel and inhuman, and the sooner all tuberculosis societies and communities understand that the Southwest will not assume their rightful burden the better it will be for the indigent consumptive. It is heart rending to see these poor, half-starved consumptives going from one place to another seeking charity and there is no relief to give.

There are no city charities in El Paso; all relief agencies are under the control of the county, and to enter the County Hospital one must have been a resident of the county six months. The indigent consumptive has become such a burden upon El Paso that the county health officer and the county judge have decided to "Vag" all indigent consumptives and give them so long to leave town. Better stay away from El Paso.

El Paso has her own burdens, and she cannot care for the paupers of other states. The county judge informed me that the county will furnish but one thing and that is free burial. This isn't cruel. It is justice to El Paso and it is justice to the indigent tuberculosis patient. Far better know conditions before he leaves for the Southwest. El Paso

does not want him and El Paso will not and cannot provide for him. There is no tuberculosis society to whom he may apply, and all relief is under the direction of the county.

Less than 25 years ago there were no tuberculosis deaths among long American residents or Mexicans, yet in 1908 104 Mexicans died against a death rate of 169 Americans. This proves that the American has introduced tuberculosis into the Southwest and is responsible for its spread. The average residence here of the consumptive (before death) is 4 years 2 months and 17 days. The average age at death is 32 years 2 months and 20 days.

The Arizona Health League issues this advice: "If your money gets low, return to your family or place of residence where you have a claim on the community, as you have better chances when well fed and cared for in a bad climate than half-starved and home-sick here." Before leaving New York I had often stated that, should I contract tuberculosis, I would go to the Southwest if I had to crawl. Not now. I have seen too many die and too much suffering. My advice to all nurses doing tuberculosis work is to keep your patients where they can be cared for. I have seen too many starving and dying in this great Southwest, and the Southwest cannot help it, for it hasn't the means to care for them.

THAT there are 12,000 tuberculous prisoners in the state, federal, and local prisons and jails of the United States, with less than 25 special institutions and hardly 800 beds for their treatment, are some of the charges made by the National Association for the Study and Prevention of Tuberculosis.

From several investigations that have been made, it is estimated that on an average about 15 per cent. of the prison population of the country is afflicted with tuberculosis. On this basis, out of the 80,000 prisoners housed in the penal institutions of continental United States at any given time, not less than 12,000 are infected with this disease. If the Philippine Islands and other insular possessions were taken into consideration, the number would be much larger.